2022 - 2023

WEIMAR INDEPENDENT SCHOOL DISTRICT

PAYMENT AUTHORIZATION FORM

POSTING #: _____

Account Code: _____

_____

PAYEE NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

ATTACH INVOICE, RECEIPT, AND/OR ALL SUPPORTING DOCUMENTATION.

QUANTITY	DESCRIPTION	UNIT PRICE	SUBTOTAL
		Total	

Campus/District Improvement Plan Goal, Objective & Strategy that reference this expenditure:

Goal # _____ **Objective #** _____ **Strategy #** _____

REQUISITIONED BY : _____ _____

Employee DATE

APPROVED BY: _____ _____

Campus Principal DATE

APPROVED BY: _____ _____

Business Manager DATE